

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		16	10.1.99
FORMALITY REVIEW	MA	71621	10/12/99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1		5/6/02	
2		9/23/02	
3		2/5/02	
4		8/15/02	
5		8/10/04	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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